

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000862

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. MM

Primary Registration District No. 3016

Registrar's No. 53

FILED FEB 7 1963

1. PLACE OF DEATH

a. COUNTY

COLE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

MO COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN JEFFERSON CITY

Length of stay in 1b

c. CITY

OR  
TOWN EUGENE MO

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION CHASE STILL HOSP

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS (If outside, give location)

Box 104

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

CATHERN

JEAN

WATTS

4. DATE

Month

Day

Year

FEB

3

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

FEB 3 - 63 NEW BORN

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

JEFFERSON CITY MO

U. S. A

13a. FATHER'S NAME

GENE WATTS

13b. MOTHER'S MAIDEN NAME

ANNA PORTER

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

16. SOCIAL SECURITY NO.

GENE WATTS

Address

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Septicemia.  
1st version of Card.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb 3 63 to Feb 3 63 and last saw her alive on Feb 3 - 63

Death occurred at 2 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Registral or title)

22b. ADDRESS

Eugene E. Robinson Jefferson City MO Feb 3 - 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

FEB 4 - 63

MT CARMEL

Russellville MO

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Steffens Funeral Serv

5 February 1963

RP Davis MD Richter Rep.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS. 300  
Rev. 4/59  
6-2-69  
2-2-60  
3  
4 1  
5 C  
6  
7 0  
8 1  
9 761.0  
10  
11  
12 1-2  
13 1-0

DATE AMENDED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*Not Embalmed*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.